

**International PolioPlus Committee**  
**Statements on Current Facts and Figures Relative to Polio Eradication and the Role of Rotary International in the Global Effort**

*For the sake of clarity and consistency in all Rotary publications and information, the International PolioPlus Committee has adopted the following set of frequently reported statements, statistics, and terms concerning the PolioPlus Program and the global polio eradication effort, and encourages all members in the global partnership for polio eradication to adopt similarly consistent statements and figures. The Committee has also requested a wide dissemination within Rotary for these statements. The Committee reviews these statements at each meeting, to ensure that they remain current and appropriate.*

**1. A statement on the goal of the PolioPlus program:**

“The goal of the PolioPlus program is the global certification of polio eradication. By eradication, WHO, the Global Commission on Certification, and Rotary mean the interruption of the transmission of the wild poliovirus.”

**2. A statement on Rotary International's contribution to the polio eradication effort:**

“By the time the world is certified polio-free, Rotary’s contributions to the global polio eradication effort will exceed US\$1.2 billion. In addition, millions of dollars of 'in-kind' and personal contributions have been made by and through local Rotary clubs and districts for polio eradication activities. Of even greater significance has been the huge volunteer army mobilized by Rotary International. Hundreds of thousands of volunteers at the local level are providing support at clinics or mobilizing their communities for immunization or polio eradication activities. More than one million Rotarians worldwide have contributed toward the success of the polio eradication effort to date.”

**3. A statement on the approximate dollar amount spent on the global polio eradication effort each year:**

“In 2009 and 2010, an estimated US\$800-850 million per year from all sources is needed in donor contributions to fund the final eradication phase. This level of expense is expected to decrease as wild polio virus transmission is interrupted in the four remaining polio endemic countries and outbreaks in previously polio-free countries are reduced in number. By the time that transmission is interrupted in all countries, Rotary will have contributed over US\$1 billion to a program that is expected to total approximately US\$10 billion in donor funds.”

**4. A statement on how the budget for the Global Polio Eradication Initiative is prepared:**

“The budget for the Global Polio Eradication Initiative is prepared by the WHO and UNICEF in consultation with their country offices and ministries of health. It is reviewed and revised semi-annually to reflect changing epidemiology as well as new contributions and financial commitments made by Rotary and other donors to the program. Complete

information about the global polio eradication budget is available to the public on the website: [www.polioeradication.org/fundingbackground.asp](http://www.polioeradication.org/fundingbackground.asp).”

**5. A statement on Rotary’s contribution to the Global Polio Eradication Initiative:**

“Rotary International’s contribution to the Global Polio Eradication Initiative since 1988 accounts for nearly 11% of all contributions to the global budget and represents approximately 64% of private sector contributions to the Initiative. In addition, Rotary plays a leading role in soliciting financial support from donor nation governments, an effort which since 1988 has achieved more than US\$8.2 billion in contributions.”

**6. A statement on what Rotary’s contribution pays for:**

“In the initial stages of PolioPlus, Rotary paid for oral polio vaccine and supported start-up costs for Rotarians’ social mobilization efforts in endemic countries. Since the mid-1990s, Rotary has conferred continuously with its spearheading partners (WHO, UNICEF and CDC) to determine how to deploy PolioPlus funds to achieve the greatest impact on global program needs. Currently, Rotary is funding the following areas: salaries for technical advisers, operational support, surveillance, social mobilization and stipends for the millions of volunteers who conduct NIDs and perform house-to-house follow-up visits.”

**7. A statement on the number of nations benefiting from PolioPlus grants:**

“To date, 122 nations around the world have benefited from PolioPlus grants for polio immunization and eradication efforts.”

**8. A statement on the number of polio cases prevented annually through immunization:**

“From the launch of the global initiative in 1988, 5 million people, mainly in the developing world, who would otherwise have been paralyzed, will be walking because they have been immunized against polio. More than 500,000 cases of polio are now prevented each year by the efforts of governments and the partnership of the World Health Organization (WHO), Rotary International, the United Nations Children’s Fund (UNICEF), the United States Centers for Disease Control and Prevention (CDC), and the overseas development agencies of donor nations.”

**9. Statements on the number of children immunized against polio:**

a. Since 1985, when Rotary implemented the PolioPlus program:

"As a result of the efforts of Rotary International and its Foundation and those of our partners, more than two billion children have received oral polio vaccine."

b. immunizations in 2009:

“As part of the global polio eradication effort in 2009, more than 360 million children were vaccinated in 40 countries using more than 2.2 billion doses of oral polio vaccine.”

**10. A statement on the percentage of the world’s children that live in polio-free countries:**

“In 1988, 10% of the world’s children lived in polio-free countries; as of 1 January 2010, over 70% are living in polio-free countries.”

**11. A statement on the reduction of cases of polio:**

“The number of cases of polio has declined by 99% since Rotary launched the PolioPlus program.”

**12. A statement on the cost of vaccine per child:**

“A child can be protected against polio for as little as US\$ .60 worth of vaccine.”

**13. A statement on the number of polio endemic countries:**

“Since Rotary began its PolioPlus Program, the number of countries which continue to be polio endemic has declined from over 125 countries in 1985 to 4 countries in 2010. The number of polio cases has declined by more than 99% since 1985.”

**14. A statement on the number of countries that are polio-free and the number of people who live in countries, territories, and areas that have been certified polio-free by independent commissions:**

“Two hundred and ten (210) countries, territories and areas are now free of indigenous polio, and 134 of these have been certified polio-free by independent commissions. In June 2002, the WHO European Region was certified polio-free, joining the WHO Regions of the Americas and the Western Pacific. More than three billion people, half the world’s population lives in the 134 countries, territories and areas that are now certified polio-free.”

**15. Statements on polio in Nigeria, India, Afghanistan and Pakistan and polio in outbreak countries:**

“At the start of 2010, transmission of indigenous poliovirus had been interrupted in all but four countries (India, Nigeria, Pakistan, Afghanistan).

In May 2008, alarmed that polio remained entrenched in these four countries and that an increasing number of polio-free areas were becoming re-infected, the World Health Assembly called for a new strategy to complete polio eradication.

In 2009, a one-year Program of Work was launched to help inform a new strategy direction to achieve a polio-free world. Major elements included tactical innovations for endemic areas, clinical trials on a new formulation of oral polio vaccine (bivalent OPV) and an Independent Evaluation of Major Barriers to Interrupting Poliovirus Transmission. In consultation with the major partners, stakeholders, countries and donors, the outcomes of the Program of Work have now informed a new Strategic Plan.

By the first quarter of 2010, the aggressive application of the operational principles of the new GPEI Strategic Plan was already showing significant results. In Nigeria, polio cases had been slashed by 99% over the previous year. In northern Nigeria, polio cases had been slashed by 99% over the previous year. In northern India, record-low levels of type 1 polio have been reported in the two endemic states of Bihar and Uttar Pradesh, as both states have now gone since November 2009 without any type 1. Ten of the 15 previously

polio-free countries that were re-infected in 2009 had also successfully stopped their outbreaks.

There is strong evidence that the approaches in the Strategic Plan work. Additionally, new measures have been put in place to ensure that progress can be monitored against tangible milestones on a quarterly basis to rapidly identify problem areas and immediately activate emergency country-level corrective action plans.

But challenges remain and confirmation of an outbreak in the early part of 2010 in Tajikistan, in the polio-free Region of Europe, is a stark reminder of the urgent need to complete the job of polio eradication.

Statements on polio in outbreak countries:

”As long as indigenous wild poliovirus transmission remains anywhere in the world, the risk of international spread of poliovirus will remain. Particularly vulnerable are high-risk countries, i.e. those bordering endemic areas, those with close socio-cultural-economic ties to endemic areas and those with low routine immunization levels.

Experience since 2003 has shown that outbreaks can be rapidly stopped, if internationally-agreed outbreak response guidelines are fully implemented. However, failure to fully implement these guidelines can result in persistent outbreaks, i.e. where transmission of imported poliovirus persists for >12 months. In 2009, persistent outbreaks are ongoing in Angola, Chad, the Democratic Republic of Congo and southern Sudan. Additionally, certain high-risk areas are prone to recurrent importations, and in 2009, west Africa is again affected by a new outbreak originating in northern Nigeria.

#### **16. A statement on the contribution of Rotary’s advocacy efforts:**

**Public Advocacy Efforts:** “In 1995, Rotary International launched a task force to advocate the cause of polio eradication to donor governments. This task force, later to be part of the Polio Advocacy Group, with additional partners, has resulted to date in more than US\$5 billion in polio-specific grants from the public sector. These advocacy efforts are ongoing and will be continued as necessary.”

#### **17. Definitions of the terms *Partners*, *Spearheading Partners*, *Coalitions* and *Donors* are outlined below:**

“When used as generic terms to refer to organizations who are also sharing in work and funds to eradicate polio, either *partners* or *partnerships* is preferred. Generally, *coalition* should be used to describe a specific group. *Donor* is a term to describe an entity which is providing funds to eradicate polio and should be limited to those whose primary or exclusive role is in providing funds. “*Donor*” should be avoided in describing Rotary International or its Foundation.

Where *partners* is used to delineate specific organizations engaged in global eradication of polio *spearheading partners* refers to the **World Health Organization (WHO)**, **Rotary International (RI)**, the **U.S. Centers for Disease Control and Prevention (CDC)**, and the **United Nations Children’s Fund (UNICEF)**.

Rotary is engaged in one specific coalition; that is the coalition to advocate for increased contributions by the U.S. Government to global polio eradication. The coalition includes **The Rotary Foundation of R.I.**, **The United Nations Foundation**, **The Task Force for Child Survival and Development**, the **U.S. Fund for UNICEF**, the **American**

**Academy of Pediatrics and the March of Dimes Birth Defects Foundation.** Rotary is the leader.

Rotary is the leading non-governmental contributor. Whenever possible, most of the polio eradication costs are borne by the polio-endemic countries themselves. However, as the battle against polio is taken to the poorest, least-developed nations on earth, and those in the midst of civil conflict, up to 100 percent of the NID and other polio eradication costs must be met by external donor sources.

Polio-specific contributions have been made by the following governments: Andorra, Australia, Austria, Azerbaijan, Belgium, Brunei Darussalam, Canada, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Hungary, Iceland, Ireland, Italy, Japan, Kuwait, Liechtenstein, Luxembourg, Malaysia, Malta, Monaco, the Netherlands, New Zealand, Norway, Oman, Portugal, Qatar, Republic of Korea, the Russian Federation, Saudi Arabia, Singapore, Spain, Sweden, Switzerland, Taiwan, Turkey, the United Arab Emirates, the United Kingdom and the United States of America. It is also important to note that the following countries have all contributed domestic resources for polio eradication in the past year: India, Pakistan, Indonesia, Bangladesh, Nigeria, Namibia and Angola.”

**18. A statement on global certification:**

“Global Certification: An independent commission will consider global certification when no wild polio virus associated cases have occurred for at least three years, in the presence of certification-standard surveillance, and all wild poliomyelitis stocks have been appropriately contained.”

**19. A statement on the cessation of polio immunization with Oral Polio Vaccine:**

"After interruption of wild poliovirus transmission, appropriate containment of poliovirus stocks, and establishment of sufficient polio vaccine stockpiles, immunization with routine OPV can and should be stopped, resulting in substantial financial savings (note: the magnitude of these savings will depend on national decisions on the introduction of IPV). This stoppage could be as early as three years following the global interruption of wild poliovirus transmission.”

**20. A statement on estimated annual global savings after cessation of immunization:**

“Once polio has been eradicated, the world will reap substantial financial, as well as humanitarian, dividends due to foregone polio treatment and rehabilitation costs. Depending on national decisions on the future use of polio vaccines, these savings could exceed US\$1 billion per year.”

**21. A statement on the annual cost of immunization of U.S. children against polio:**

“The United States Centers for Disease Control and Prevention (CDC) estimates that more than US\$350 million per year is spent on immunizing U.S. children against polio.”

**22. A statement on type II wild poliovirus:**

“Type II wild poliovirus has not been found since October 1999, suggesting that transmission of one of the three types of wild poliovirus may have been interrupted.”

**23. A statement on the importations of the poliovirus:**

“Importations will continue to occur until endemic transmission of the poliovirus (from where it originates) is successfully interrupted. The key priority therefore is to rapidly stop the remaining endemic transmission chains. At the same time, however, the new GPEI Strategic Plan puts forth key activities to cement the gains of polio eradication, by protecting polio-free areas. Past experience and mathematical modeling can now largely predict areas at highest risk of importations and outbreaks, and efforts will focus on boosting population immunity levels in those areas to minimize the risk and consequences of potential importations.”

**24. A statement on instances of vaccine-derived polio:**

"In the past ten years, there have been 14 episodes of circulating vaccine-derived poliovirus (cVDPV) resulting in 441 polio cases including in the Island of Hispaniola (which includes Haiti and the Dominican Republic), Cambodia, Democratic Republic of Congo, Ethiopia, Indonesia, the Philippines, Madagascar, Myanmar, Nigeria, and China. During that period, over 10 billion doses of OPV have been administered to more than 2 billion children, and as a result more than 3.5 million polio cases were prevented.

Circulating VDPVs occur when high proportions of children are susceptible to poliovirus infection, due to very low vaccination coverage. If routine or supplementary immunization activities (SIAs) are poorly conducted, the population is left susceptible to poliovirus, whether from vaccine-derived or wild poliovirus. Hence, the problem is not with the vaccine itself, but low vaccination coverage. If a population is fully immunized, they will be protected against both vaccine-derived and wild polioviruses."

**25. A statement on the Vitamin A distribution during polio National Immunization Days:**

“Since 1998, the inclusion of Vitamin A supplements on NIDs has averted an estimated 1.5 million childhood deaths. Vitamin A comes in liquid form in soft gelatin capsules that are opened to give as drops. It is an essential nutrient that is needed for healthy growth and development. Vitamin A deficiency can lead to blindness, increased risk of infection, and a 25 percent greater risk of dying from childhood diseases such as measles, malaria and diarrhea. The administration of Vitamin A during polio National Immunization Days has resulted in fewer childhood deaths from measles, diarrhea and other causes.”

*The Committee further requests that the General Secretary, in official and public releases and statements, follow the above expressions. Finally, the Committee requests that all other RI and TRF officials and spokespersons, and all organizations which report to the Committee, adhere to the approved statements and observe the recommended terminology.*